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|  | **Hospital Outpatient Observation Notice** |

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| **Hospital name:** | |  | | | | | |
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| **Patient name:** | |  | | **Patient number:** | |  | |
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| You are an outpatient receiving observation services. You are not an inpatient because: | | | | | | | |
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| You are a hospital outpatient receiving observation services, also called an observation stay. You are not an inpatient because your provider requires further time to determine the severity of your illness and whether you will require hospitalization.   * Your out-of-pocket costs for outpatient services may be different than those for inpatient services. * Contact your insurance provider to determine details of your coverage and other costs regarding observation status. * If you have any questions about your status, ask the hospital staff member giving you this notice or the doctor providing your hospital care. You can also ask to speak with a representative from the hospital’s utilization or discharge planning department. | | | | | | | |
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| Please sign below to show you received and understand this notice. | | | | | | | |
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|  | Signature of Patient or Patient’s Representative | |  | | Date / Time | |  |
| This notification must be documented in the patient's medical record and discharge papers. The patient or the patient's representative shall be notified of observation services through discharge papers, which may also include brochures, signage, or other forms of communication for this purpose. | | | | | | | |